

<b>Case Number:</b>	CM14-0128548		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58 year old female with a work injury dated 10/21/03. The diagnoses include cervical disc disorder with myelopathy; cervical disc displacement without myelopathy; rotator cuff sprains and strains; sprains and strains of the neck; pain in the limb; depressive disorder. Under consideration is a request for Relafen 750 mg, 100count with five refills; Norco 5/325 mg, sixty count with five refills; Prilosec 20 mg, ninety count with five refills; Ultram ER 150 mg, six count; Norflex 100 mg, thirty count with five refills; Terocin patch (25% methyl sac, Cap 0.025%, Lidocaine 2.5%), sixty count with five refills; Ambien 5 mg, thirty count with five refills; Ultram ER 150 mg, sixty count with five refills. There is a primary treating physician report dated 7/7/14 that states that the provider is requesting that the patient will be Provided with medications that she has been taking for quite some time. The patient has been taking Ultram as well as Norco, She is taking 5 mg Norco twice a day and Ultram ER 150 mg; The Ultram ER is reducing the need for the opioid medication and the patient has been relatively functional. The provider states that he is using the least amount of medication to control her pain. The patient is also working and based on the above, the provider is recommending that the patient will continue, with the same regimen. Anti inflammatory medications are being recommended as well as medications to control stomach, acid. Prilosec, is being recommended to avoid development of-ulcers as well as gastric irritation, Norflex has been provided to allow the patient to remain comfortable as well as to reduce muscle spasm. A 6/2/14 progress note states that the patient continues to complain of neck pain with radiculopathy in the upper extremities with numbness, tingling, and weakness. The physical exam reveals that Spasm,

tenderness, and guarding are noted in the paravertebral muscles of the cervical spine along with decreased range of motion. There is decreased dermatomal sensation with pain is noted over the bilateral C6 dermatomes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Relafin 750 mg, 100count with five refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen, generic available), NSAIDs (non-steroidal anti-inflammatory drugs) Pain O.

**Decision rationale:** Relafen 750 mg, 100count with five refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that there is inconsistent evidence for the use of anti inflammatories to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The guidelines furthermore state that the physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

**Norco 5/325 mg, sixty count with five refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Outcomes and Endpoints, Functional improvement Page(s): 76-80 and 8.

**Decision rationale:** Norco 5/325 mg, sixty count with five refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved patient's pain or functioning to a significant degree. Additionally, the guidelines furthermore state that the physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health.

Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The request for 5 refills not appropriate without evidence of improved pain/function. The request for Norco 5/325 mg, sixty count with five refills is not medically necessary.

**Prilosec 20 mg, ninety count with five refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pain Outcomes and Endpoints Page(s): 69 and 8.

**Decision rationale:** Prilosec 20 mg, ninety count with five refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per MTUS guidelines Omeprazole is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Additionally the request for five refills is not appropriate as the MTUS states that the physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

**Ultram ER 150 mg, six count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Functional improvement Page(s): 76-80. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule--Definitions- page 1 (functional improvement)

**Decision rationale:** Ultram ER 150 mg, six count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has

improved patient's pain or functioning to a significant degree. The request for Ultram ER 150mg, six count is not medically necessary.

**Norflex 100 mg, thirty count with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

**Decision rationale:** Norflex 100 mg, thirty count with five refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Norflex is a muscle relaxant. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Norflex has been reported in case studies to be abused for euphoria and to have mood elevating effects. The patient's condition appears to be chronic and Norflex is indicated in acute exacerbations of spasm. Furthermore this medication is intended for short term use and the patient has been on this medication long term. The request for Norflex 100 mg, thirty count with five refills is not medically necessary.

**Terocin patch (25% methyl sac, Cap 0.025%, Lidocaine 2.5%), sixty count with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) page 56; Salicylate Topical analgesics Page(s): 56, 105, and.

**Decision rationale:** Terocin patch (25% methyl sac, Cap 0.025%, Lidocaine 2.5%); sixty count with five refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. In regards to Lidoderm the MTUS guidelines state that "Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Per MTUS guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED. Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, the MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is contained within Terocin and per the MTUS capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Salicylate topicals are recommended by the MTUS for osteoarthritis and tendinitis in joints that are amenable to topical treatment but not for use in the spine or neuropathic pain. Topical salicylate is also only recommended for short-term use of 4-12 weeks. Due to the fact that documentation submitted does not show evidence of intolerance to oral

medication and lidocaine is not supported topically in this case, Terocin patch (25% methyl sac, Cap 0.025%, Lidocaine 2.5%), sixty count with five refills is not medically necessary.

**Ambien 5 mg, thirty count with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness & Stress, Zolpidem and Insomnia Treatment

**Decision rationale:** Ambien 5 mg, thirty count with five refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines do not discuss insomnia. The ODG states that Ambien is not recommended for long-term use, but recommended for short-term use (usually two to six weeks). The patient has been on Ambien long term and continued use is not supported by the MTUS Guidelines. The request for Ambien 5 mg, thirty count with five refills is not medically necessary.

**Ultram ER 150 mg, sixty count with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Outcomes and Endpoints, Functional improvement Page(s): 76-80 and 8.

**Decision rationale:** Ultram ER 150 mg, sixty count with five refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved patient's pain or functioning to a significant degree. Additionally, the guidelines furthermore state that the physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The request for Ultram ER 150 mg, sixty count with five refills is not medically necessary.